

FEB 7 2003

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FORM**

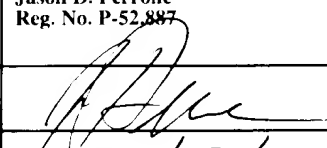
(to be used for all correspondence after initial filing)

| | | | |
|---|----------------|------------------------|---------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application | 09/976,219 | |
| | Filing Date | 10/12/2001 | |
| | First Named | Yat Sun Or | |
| | Group Art Unit | 1653 | |
| | Examiner Name | Samuel W. Liu | |
| Total Number of Pages in This Submission | 6 | Attorney Docket Number | ENP-030 |

ENCLOSURES (check all that apply)

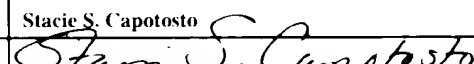
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| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Assignment Papers (for an Application) | <input type="checkbox"/> After Allowance Communication to Group |
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| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Petition to Convert a Provisional Application | <input type="checkbox"/> Status Letter |
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| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | Transmittal of Information Disclosure Statement including Authorization of Payment Of Fee under 37 C.F.R. §1.17(p) |
| <input checked="" type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | Remarks | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | |
|-------------------------------|---|
| Firm or Individual name | Jason D. Ferrone Reg. No. P-52,887 |
| Signature |  |
| Date | 02/13/2003 |

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| Typed or printed name | Stacie S. Capotosto | Date | 2/13/03 |
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TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT
(Under 37 CFR 1.97(b) or 1.97(c))

Docket No.
ENP-030

In Re Application: **Or, et al.**

FEB 7 2003

Serial No.

09/976,219

Filing Date

10/12/2001

Examiner

Samuel W. Liu

Group Art Unit

1653

Cyclosporin Analogs for the Treatment of Autoimmune Diseases

Payment of Fee

(Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p))

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Stacie S. Capotosto

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Jason D. Ferrone
Signature

Jason D. Ferrone

Reg. No. P-52,887

Dated: **02/13/2003**

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

REVOCATION OF POWER OF ATTORNEY

Docket No.

ENP-030

Name of Applicant: Or, et al.
Address of Applicant: Enanta Pharmaceuticals
Attn: Patent Dept.
500 Arsenal Street
Watertown, MA 02472
Title: Cyclosporin Analogs for the Treatment of Autoimmune Diseases
Serial No., if Any: 09/976,219
Filed: 10/12/2001

TO THE ASSISTANT COMMISSIONER FOR PATENTS

The Assistant Commissioner for Patents
Washington, D.C. 20231

Honorable Sir:

I hereby revoke the Power of Attorney given to:

Sandhya L. Kalkunte, Reg. No.: 46,466

Dated:

2/13/03

By:

S. Tamm
President & CEO
ENANTA Pharmaceuticals
Assignee of Record

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